



# RB-40 List of Bingo Workers

## Read this information first

In order for the individuals listed in Step 2 to legally participate in the management or operation of your bingo games, all requested information must be complete. In addition, a presiding officer must sign this form.

**Note:** If, at a later date, you need to revise any information you have submitted on this form, you must file a new Form RB-40.

## Step 1: Write your bingo license number

1 Bingo license no. B - \_\_\_\_\_

## Step 2: List those who will participate in your bingo games

List below the individuals who will participate in the management or operation of your bingo games. If more than 24 individuals will be participating in such activities, additional Forms RB-40 must be completed. Setting up, cleaning up, selling concessions, working in the kitchen, or providing security for persons or property does not

constitute participation in the management or operation of a bingo game. The following individuals are ineligible to work bingo games: those who are professional gamblers, those who have been convicted of a felony, or those who have been convicted of any violation of the Criminal Code of 1961, Article 28.

1 \_\_\_\_\_  
Name (print or type)

7 \_\_\_\_\_  
Name (print or type)

\_\_\_\_\_  
Number and street

\_\_\_\_\_  
Number and street

\_\_\_\_\_  
City, state, ZIP

\_\_\_\_\_  
City, state, ZIP

2 \_\_\_\_\_  
Name (print or type)

8 \_\_\_\_\_  
Name (print or type)

\_\_\_\_\_  
Number and street

\_\_\_\_\_  
Number and street

\_\_\_\_\_  
City, state, ZIP

\_\_\_\_\_  
City, state, ZIP

3 \_\_\_\_\_  
Name (print or type)

9 \_\_\_\_\_  
Name (print or type)

\_\_\_\_\_  
Number and street

\_\_\_\_\_  
Number and street

\_\_\_\_\_  
City, state, ZIP

\_\_\_\_\_  
City, state, ZIP

4 \_\_\_\_\_  
Name (print or type)

10 \_\_\_\_\_  
Name (print or type)

\_\_\_\_\_  
Number and street

\_\_\_\_\_  
Number and street

\_\_\_\_\_  
City, state, ZIP

\_\_\_\_\_  
City, state, ZIP

5 \_\_\_\_\_  
Name (print or type)

11 \_\_\_\_\_  
Name (print or type)

\_\_\_\_\_  
Number and street

\_\_\_\_\_  
Number and street

\_\_\_\_\_  
City, state, ZIP

\_\_\_\_\_  
City, state, ZIP

6 \_\_\_\_\_  
Name (print or type)

12 \_\_\_\_\_  
Name (print or type)

\_\_\_\_\_  
Number and street

\_\_\_\_\_  
Number and street

\_\_\_\_\_  
City, state, ZIP

\_\_\_\_\_  
City, state, ZIP

Step 2: List those who will participate in your games (continued)

B - \_\_\_\_\_

13

Name (print or type)

Number and street

City, state, ZIP

21

Name (print or type)

Number and street

City, state, ZIP

14

Name (print or type)

Number and street

City, state, ZIP

22

Name (print or type)

Number and street

City, state, ZIP

15

Name (print or type)

Number and street

City, state, ZIP

23

Name (print or type)

Number and street

City, state, ZIP

16

Name (print or type)

Number and street

City, state, ZIP

24

Name (print or type)

Number and street

City, state, ZIP

17

Name (print or type)

Number and street

City, state, ZIP

25

Name (print or type)

Number and street

City, state, ZIP

18

Name (print or type)

Number and street

City, state, ZIP

26

Name (print or type)

Number and street

City, state, ZIP

19

Name (print or type)

Number and street

City, state, ZIP

27

Name (print or type)

Number and street

City, state, ZIP

20

Name (print or type)

Number and street

City, state, ZIP

28

Name (print or type)

Number and street

City, state, ZIP

Step 3: Sign below

I hereby certify under penalties of perjury that the individuals listed above will not receive any remuneration or compensation directly or indirectly for participating in the management or operation of any bingo games conducted by the licensed organization.

Presiding officer \_\_\_\_\_ Date \_\_\_\_\_

Step 4: Mail your return

Mail your completed form to:



OFFICE OF BINGO AND CHARITABLE GAMES  
ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19480  
SPRINGFIELD IL 62794-9480

If you have any questions, call our Springfield office weekdays between 8:00 a.m. and 4:30 p.m. at 217 524-4164.

